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CENTRAL FAX CENTER**Attorney's Docket No.: 42390.P15733Patent FEB 01 2007**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Patent Application of:

Kobayashi, et al.

Examiner: Christopher E. Lee

Application No.: 10/681,446

Art Unit: 2112

Filed: 10/06/2003

For: Optimization of SMI Handling and
InitializationCommissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT**

Sir:

In response to the Office Action mailed September 11, 2006, applicant respectfully request that the above-identified application be amended as set forth below and that the following remarks be considered. Applicant request continued examination of the application pursuant to 37 C.F.R. § 1.114.

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Page 1 of 24

Date: February 1, 2007

To:
Examiner Slim Christopher Lee

Fax:
(571) 273-8300

Art Unit:
2112

From:
David P. McAbee
Intel Corporation

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JF3-147

Subject:
10/681,446

Docket Number:
P15733

Filing Date:
October 6, 2003

Inventor:
Kobayashi et al.

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Derek S. Watson

Date: February 1, 2007

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- Facsimile Cover Sheet (1 page)
- Transmittal Form (1 page)
- Fee Transmittal (1 page submitted in duplicate)
- Corrected Response and Amendment to Office Action (20 pages)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2009. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM	Application Number	10/681,446
	Filing Date	10/06/2003
	First Named Inventor	Kobayashi et al.
	Art Unit	2112
	Examiner Name	Christopher E. Lee
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	24	Attorney Docket Number P15733


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Transmittal
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Intel Corporation		
Signature	/David P. McAbee/Reg. No. 58,104/		
Printed name	David P. McAbee		
Date	February 1, 2007	Reg. No.	58,104

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Typed or printed name	Derek S. Watson	Date	02/01/2007

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**Complete if Known**

Application Number	10/681,448
Filing Date	01/06/2003
First Named Inventor	Kobayashi et al.
Examiner Name	Christopher E. Lee
Art Unit	2112
Attorney Docket No.	P15733

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

Signature	/David P. McAbee/Reg. No. 58,104/	Registration No. (Attorney/Agent) 58,104	Telephone 503-712-4988
Name (Print/Type)	David P. McAbee		Date February 1, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/681,446
Filing Date	01/06/2003
First Named Inventor	Kobayashi et al.
Examiner Name	Christopher E. Lee
Art Unit	2112
Attorney Docket No.	P15733

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FEB 01 2007

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☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

- 20 or HP = _____ x _____ = _____

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

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Total Sheets**Extra Sheets**

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = _____

/ 50 = _____

(round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	/David P. McAbee/Reg. No. 58,104/	Registration No. (Attorney/Agent) 58,104	Telephone 503-712-4988
Name (Print/Type)	David P. McAbee		Date February 1, 2007

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